

**State of Delaware  
Group Health Insurance Plan  
Rates Effective July 1, 2022**

**Please note:** The specific premiums (rates) referenced in this document apply to State of Delaware employees. Flex credits offered to school district or charter school employees to reduce their employee premiums for health care are not reflected in this information. Please see your organization's HR/Benefits Office for information about your flex credits. Employees who are eligible for and receiving reduced premiums due to double state share eligibility are not reflected in this information. Non-State Participating Group Employees should contact their HR/Benefits Office within their organization for premium information.

	<b>Total Monthly Premium (Rate)</b>	<b>Monthly Premium (Rate) Paid By the State</b>	<b>Monthly Premium (Rate) Paid By State of DE Employee</b>	<b>Monthly Dollar Amount Change for Employee Contribution*</b>
<b>Highmark Delaware First State Basic Plan</b>				
Employee	\$755.64	\$725.42	\$30.22	+ \$2.38
Employee & Spouse	\$1,563.42	\$1,500.88	\$62.54	+ \$5.02
Employee & Child(ren)	\$1,148.66	\$1,102.72	\$45.94	+ \$3.68
Family	\$1,954.34	\$1,876.16	\$78.18	+ \$6.26

<b>Aetna CDH Gold Plan</b>				
Employee	\$782.08	\$742.98	\$39.10	+ \$3.12
Employee & Spouse	\$1,621.60	\$1,540.52	\$81.08	+ \$6.50
Employee & Child(ren)	\$1,194.90	\$1,135.16	\$59.74	+ \$4.78
Family	\$2,060.10	\$1,957.10	\$103.00	+ \$8.22

<b>Aetna HMO Plan</b>				
Employee	\$788.88	\$737.60	\$51.28	+ \$4.12
Employee & Spouse	\$1,663.28	\$1,555.16	\$108.12	+ \$8.62
Employee & Child(ren)	\$1,206.80	\$1,128.36	\$78.44	+ \$6.26
Family	\$2,075.40	\$1,940.50	\$134.90	+ \$10.78

<b>Highmark Delaware Comprehensive PPO Plan</b>				
Employee	\$862.68	\$748.38	\$114.30	+ \$9.12
Employee & Spouse	\$1,790.16	\$1,552.96	\$237.20	+ \$18.94
Employee & Child(ren)	\$1,329.54	\$1,153.38	\$176.16	+ \$14.08
Family	\$2,237.94	\$1,941.42	\$296.52	+ \$23.66

<b>Dominion National HMO Select Dental Plan</b>				
Employee	\$27.94	\$0.00	\$27.94	+ \$1.68
Employee & Spouse	\$51.96	\$0.00	\$51.96	+ \$3.12
Employee & Child(ren)	\$56.00	\$0.00	\$56.00	+ \$3.36
Family	\$76.08	\$0.00	\$76.08	+ \$4.58

<b>Delta Dental PPO Plus Premier Plan</b>				
Employee	\$37.44	\$0.00	\$37.44	- \$1.36
Employee & Spouse	\$76.42	\$0.00	\$76.42	- \$2.78
Employee & Child(ren)	\$75.02	\$0.00	\$75.02	- \$2.72
Family	\$125.20	\$0.00	\$125.20	- \$4.54

<b>EyeMed Low Vision Plan</b>				
Employee	\$6.48	\$0.00	\$6.48	No Change
Employee & Spouse	\$10.24	\$0.00	\$10.24	No Change
Employee & Child(ren)	\$10.42	\$0.00	\$10.42	No Change
Family	\$16.84	\$0.00	\$16.84	No Change

<b>EyeMed High Vision Plan</b>				
Employee	\$13.06	\$0.00	\$13.06	No Change
Employee & Spouse	\$20.64	\$0.00	\$20.64	No Change
Employee & Child(ren)	\$21.04	\$0.00	\$21.04	No Change
Family	\$33.94	\$0.00	\$33.94	No Change

\*Shows the change in dollar amount of the new rates effective July 1, 2022 compared against the current rates that are in effect (as of July 1, 2021).